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Department of the Treasury

DLN: 93493038009768 OMB No 1545-0047

2016

**Return of Organization Exempt From Income Tax** Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private

▶ Do not enter social security numbers on this form as it may be made public

▶ Information about Form 990 and its instructions is at <a href="www.irs.gov/form990">www.irs.gov/form990</a>

Open to Public Inspection

Interna	al Reven	nue Service	P Information about	TOTHI 990 and its instructions is at ww	W IKS GOV/	101111990		Inspection
A F	or the	2016 c		ing 06-01-2016 , and ending 05-3	1-2017			
		plicable	C Name of organization AMERICAN MUSHROOM INSTITUTE			D Employ	er identif	ication number
	ldress c ame cha	- 1				23-147	8880	
□ In	ıtıal reti	-	Doing business as					
Fir Detu	nal rn/term	nınated	Number and street (or P.O. hox if mai	I is not delivered to street address) Room/si	ute	E Telephor	ne number	
_	nended		1284 GAP NEWPORT PIKE NO 2	no not delivered to street dadress, incomyst	2100	(610) 2	68- <b>748</b> 3	
⊔ Ар	plicatio	n pending	City or town, state or province, count	ry, and ZIP or foreign postal code				
			AVONDALE, PA 193119503			<b>G</b> Gross re	ceipts \$ 1	,225,946
			F Name and address of principal DON NEEDHAM	officer	H(a) Is	this a group re	turn for	
			1284 GAP NEWPORT PIKE NO 2			ibordinates? e all subordina	tos	☐Yes ☑No
T Ta	v-ever	npt status	AVONDALE, PA 193119503		i ` in	cluded?		☐ Yes ☐No
			☐ 501(c)(3)	nsert no )		"No," attach a roup exemption	•	•
J W	ebsite	e:► WW	W AMERICANMUSHROOM ORG		''(c) G	roup exemption	number	
K For	m of ore	ganization	☑ Corporation ☐ Trust ☐ Associ	ation ☐ Other ▶	<b>L</b> Year of f	ormation 1954	M State	of legal domicile PA
Pa	$\overline{}$	Sum						
			cribe the organization's mission or SENT THE GROWERS, PROCESSORS	most significant activities 5, SUPPLIERS AND MARKETERS OF CUI	TIVATED A	ND SPECIALTY	MUSHRO	OOMS IN THE
ce	⊻	INITED S	TATES					
กลเ	=							
Governance	-							
				ontinued its operations or disposed of r   body (Part VI, line 1a)			ssets 3	13
<b>ಸ</b> ್ಷ	1			he governing body (Part VI, line 1b)			4	12
At ie	5	Total nun	nber of individuals employed in cale	ndar year 2016 (Part V, line 2a) .			5	6
Activities &	6	Total nun	nber of volunteers (estimate if nece	ssary)			6	0
٩	1			VIII, column (C), line 12			7a	171,079
	Ь	Net unrel	ated business taxable income from	Form 990-T, line 34	<u> </u>		7b	-1,475
						Prior Year		Current Year
₫			ons and grants (Part VIII, line 1h)			121,	_	236,215
Ravenue		-	service revenue (Part VIII, line 2g) nt income (Part VIII, column (A), li			590,	343	397,611 87,714
ä	1		enue (Part VIII, column (A), lines 5	· · ·		185,		200,064
	1			t equal Part VIII, column (A), line 12)		914,	l l	921,604
	+		d sımılar amounts paıd (Part IX, co				0	C
	14	Benefits <b>j</b>	oald to or for members (Part IX, col	umn (A), line 4)			0	C
æ	15	Salaries,	other compensation, employee ben	efits (Part IX, column (A), lines 5-10)		244,	713	175,481
Expenses	16a	Profe <b>s</b> sio	nal fundraising fees (Part IX, colum	ın (A), line 11e)			0	C
3			aising expenses (Part IX, column (D), lin					
_			enses (Part IX, column (A), lines 1	•	-	614,		662,345
			enses Add lines 13–17 (must equa less expenses Subtract line 18 from	m line 12		858,	406	837,826 83,778
× %		revenue.	COS CAPCINES SUBLICIO INIC 10 III		Beginn	ing of Current \		End of Year
Net Assets or Fund Balances								
Ass			ets (Part X, line 16)			1,743,	_	2,429,537
E de	1		lities (Part X, line 26)				629	643,917
	<u>                                   </u>		s or fund balances Subtract line 21 ature Block	t from line 20		1,680,	842	1,785,620
Unde	r pena	ilties of p	erjury, I declare that I have examin	ed this return, including accompanying				
	ledge (nowle		f, it is true, correct, and complete	Declaration of preparer (other than offi	cer) is base	ed on all inform	ation of	which preparer has
<u>,</u>		11						
		Signati	re of officer			2017-12-12 Date		
Sign Here								
			EEDHAM CHAIRMAN  print name and title					•
			rint/Type preparer's name		Date		PTIN	
Pai	d		CHAD FENSTERMACHER CPA		2017-12-12	self-employed	P0020143	
	pare	;ı <u> </u>	rm's name ► FENSTERMACHER & CO rm's address ► 115 SOUTH BROAD ST	LLP		Firm's EIN ► 23		
Use	Onl	ly  ˈ		0249		Phone no (610)	444-1215	
May 4	he ID	S discuss	this return with the preparer show	n above? (see instructions)		<u> </u>		res 🗆 No
ı ıav t	ine IRS	_ uibcub5	ana return with the biebalei SNOW	repover race manucumist			T 1	ea LIIU

Cat No 11282Y

Form **990** (2016)

For Paperwork Reduction Act Notice, see the separate instructions.

Form	990 (2016)				Page <b>2</b>
Par	Statement	of Program Service Acc	omplishments		
	Check if Sche	edule O contains a response or	note to any line in this Part III .		
1	Briefly describe the	organization's mission			
TO E	NHANCE THE PRODUC	CTIVITY AND PROFITABILITY OF	DOMESTIC MUSHROOM GROWERS,	SHIPPERS, AND PROCESSORS	
	Did the sussessment on		ware and the control of the control		
2	-		ram services during the year which t		☐ Yes ☑ No
		ese new services on Schedule (			LITES LINO
3	•		nificant changes in how it conducts,	any program	
_	=	=: =	· · · · · · · · · ·	· · =	☐ Yes ☑ No
		ese changes on Schedule O			2165 2110
4	Describe the organiz Section 501(c)(3) ar	zation's program service accom	plishments for each of its three large required to report the amount of gra rvice reported		
4a	(Code	) (Expenses \$	including grants of \$	) (Revenue \$	)
	See Additional Data				
4b	(Code	) (Expenses \$	including grants of \$	) (Revenue \$	)
4c	(Code	) (Expenses \$	including grants of \$	) (Revenue \$	)
4d	Other program serv	ıces (Describe in Schedule O )			
	(Expenses \$	including g	rants of \$	(Revenue \$	)
		vice expenses >			

Yes

Yes

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Page 3

Nο

Nο

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No

Nο

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Nο

No

Nο

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No

Form **990** (2016)

Yes

12a

12b

14b

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Part IV Checklist of Required Schedules Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete 1 

Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year?

5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19?

4 5 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? 

Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D. Part II 🔧 . . . Did the organization maintain collections of works of art, historical treasures, or other similar assets?

Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian

6 7 8 for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation 9

Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, 10 permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 🕏 . . . . . . . .

If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable

assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 🛸 . . . . . . . . . .

a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? Yes 11a b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total 11b Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 🛸 . . . . . . . 11c d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported 11d Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 🛸 **11**e Yes

Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses 11f the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 🛸

If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 🛸 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 13 14a Did the organization maintain an office, employees, or agents outside of the United States? . . . 14a b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising,

Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any

Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to

Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,

Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII,

Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"

business, investment, and program service activities outside the United States, or aggregate foreign investments

valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV . . . . . . . . . . . . .

column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions) . . . .

12a Did the organization obtain separate, independent audited financial statements for the tax year? 

foreign organization? If "Yes," complete Schedule F, Parts II and IV . . . . . .

or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV . . .

b Was the organization included in consolidated, independent audited financial statements for the tax year?

29

government on Part IX, column (A), line 17 If "Yes," complete Schedule I, Parts I and II . . . . . .

Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX,

Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's

current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes,"

24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and

**b** Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . .

c Did the organization maintain an escrow account other than a refunding escrow at any time during the year

d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . .

that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?

officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV

Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?

within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 . . .

is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI

a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, 

35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?

Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes,"

b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and

Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons?

Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member

Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV

b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part

An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an

Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation

Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections

Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and

b If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity

Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related 

Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 197 Note.

Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I .

Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M . . .

25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.

instructions for applicable filing thresholds, conditions, and exceptions)

21 22

23

24a

24b

24c

24d

25a

25b

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28a

28b

28c

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35a

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Yes

Form 990 (2016)

Nο No

Page 4

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Nο Nο

Nο

Nο

Nο

Nο

No

Νo

Νo

Νo

Nο

No

Νo

	990 (2016)			Page
Par	Statements Regarding Other IRS Filings and Tax Compliance  Check if Schedule O contains a response or note to any line in this Part V			П
	Check it Schedule o contains a response of note to any line in this rare virial in a line in this rare virial in the second of t	Ė	Yes	No
<b>1</b> a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable   1a   9			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	<b>2</b> b	Yes	
	Note.If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Yes	
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b	Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		No
Ь	If "Yes," enter the name of the foreign country  See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	30		
	If res, to fine 3a of 3b, and the organization me form 0000-1.	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		No
	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	<b>6</b> b		
	Organizations that may receive deductible contributions under section 170(c).	_		
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	<b>7</b> b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds.  Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
9a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	<b>9</b> b		
.0	Section 501(c)(7) organizations. Enter			
	Initiation fees and capital contributions included on Part VIII, line 12 10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
	Section 501(c)(12) organizations. Enter			
	Gross income from members or shareholders			
Ь	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them )			
.2a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
L3	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O	13a		
	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
<u>ь</u>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	orm 00	

orm	990 (2016)			Page <b>6</b>
Par	Governance, Management, and DisclosureFor each "Yes" response to lines 2 through 7b below, and for a "No 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O See instructions	" respo	nse to li	_
	Check if Schedule O contains a response or note to any line in this Part VI			
Se	ection A. Governing Body and Management			
1a	Enter the number of voting members of the governing body at the end of the tax year 13		Yes	No
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
b	Enter the number of voting members included in line 1a, above, who are independent  1b			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? .	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		No
6	Did the organization have members or stockholders?	6	Yes	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	Yes	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b		No
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No
Se	ection B. Policies (This Section B requests information about policies not required by the Internal Revenu	e Code	e.)	
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		No
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c		
13	Did the organization have a written whistleblower policy?	13		No
14	Did the organization have a written document retention and destruction policy?	14		No
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a		No
b	Other officers or key employees of the organization	15b		No
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt			
	status with respect to such arrangements?	16b		
Se	ection C. Disclosure			
17	List the States with which a copy of this Form 990 is required to be filed.			
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply			
19	Own website Another's website Upon request Other (explain in Schedule O)  Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest			
20	policy, and financial statements available to the public during the tax year			
20	State the name, address, and telephone number of the person who possesses the organization's books and records ►KAREN PESCE 1284 GAP NEWPORT PIKE AVONDALE, PA 19311 (610) 268-7483			

# Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees,

and Independent Contractors

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's current key employees, if any See instructions for definition of "key employee"
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations
- List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

<b>(A)</b> Name and Title	(B) Average hours per week (list any hours		ne bo	ox, to of	t ch unle: ficer	ss pers	son	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation from the
	for related organizations below dotted line)	individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations
(1) STEPHEN ANANIA CHAIR-ELECT	5 00	х		х				0	0	0
(2) PETE GRAY CHAIR-ELECT	5 00	х		x				0	0	0
(3) DONALD NEEDHAM CHAIRMAN	5 00	х		х				0	0	0
(4) DAVID KNUDSEN BOARD MEMBER	5 00	х						0	0	0
(5) PATRICIA FOSS-BENNIE PRESIDENT	40 00	х		x				58,148	0	0
(6) JOE D'AMICO JR TREASURER/VICE CHAIRMAN	5 00	х		х				0	0	0
(7) SCOTT ENGELBRECHT SECRETARY	5 00	х		х				0	0	0
(8) JOHN ASHBAUGH BOARD MEMBER	5 00	х		х				0	0	0
(9) CHRIS ALONZO BOARD MEMBER	5 00	х						0	0	0
(10) MARK WACH BOARD MEMBER	5 00	х						0	0	0
(11) CHAD LAFAZIA BOARD MEMBER	5 00	х						0	0	0
(12) DIRK COX BOARD MEMBER	5 00	х						0	0	0
(13) GEOFF PRICE BOARD MEMBER	5 00	х						0	0	0
				<u> </u>						Form <b>990</b> (2016)

Form 990 (2016) Page 8 Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued) (A) (B) (C) (D) (E) (F) Name and Title Reportable Average Position (do not check more Reportable Estimated hours per than one box, unless person compensation compensation amount of other week (list is both an officer and a from the from related compensation any hours director/trustee) organization (Worganizations (Wfrom the 2/1099-MISC) 2/1099-MISC) for related organization and individual trustee or director Officer Highest compensated employee vev employee organizations related Institutional Trustee below dotted organizations line)

1b Sub-Total										

1b Sub-Total				▶			
c Total from continuation sheets to Pa	art VII, Sectio	nΑ.		▶			

1b Sub-Total			 •	<b>&gt;</b>			
c Total from continuation sheets to Pa	art VII, Sectio	nΑ.		▶			
d Total (add lines 1b and 1c)				<b>▶</b> [	58,148	0	0
			 	· ·		1400.000	

1b :	Sub-Total				•	<b>▶</b>					
c T	otal from continuation sheets to Pa	art VII, Section	nΑ.			▶ĺ					
d	「otal (add lines 1b and 1c) .   .   .					<b>▶</b> [		58,148	0		0
2	Total number of individuals (including of reportable compensation from the o			e liste	d abov	ve) wh	o receiv	ed more thar	\$100,000		
										Yes	No

	Sub-Total			
c T	otal from continuation sheets to Part VII, Section A			
d .	otal (add lines 1b and 1c)	0		0
2	Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization $\triangleright$ 0			
			Yes	No
3	Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on			

	Sub-Total			
	Total (add lines 1b and 1c)	0		
2	Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization $\triangleright$ 0			
			Yes	No
3	Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3		No
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the			

c ·	Sub-Total	art VII, Sectio	nA.				<b>&gt;</b>			58,14	8			0		(	- 5
2	Total number of individuals (including of reportable compensation from the			e list	ed ab	ove	) wh	o rece	eived m	ore tha	n \$10	0,000	ס	·			_
															Yes	No	
3	Did the organization list any <b>former</b> line 1a? <i>If "Yes," complete Schedule</i> 2													3		No	
4	For any individual listed on line 1a, is organization and related organization											the					

		,	Yes	No
3	Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If</i> "Yes," complete Schedule <i>J</i> for such individual	3		No
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	4		No
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person	_		NI-

			Yes	No
3	Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3		No
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	4		No
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person	5		No
	astinu B. Tudomondont Contrastono			

	line 14' II res, complete schedule 3 for such individual	3	No
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such		
	ındıvıdual	4	No
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person	5	No
S	ection B. Independent Contractors		
1	Complete this table for your five highest compensated independent contractors that received more than \$100,000 of conform the organization. Report compensation for the calendar year ending with or within the organization's tax year	mpensa	ation
	(A) (B)		(C)

	ındıvıdual		4	No
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization services rendered to the organization? If "Yes," complete Schedule J for such person		5	No
S	ection B. Independent Contractors			
1	Complete this table for your five highest compensated independent contractors that received m from the organization. Report compensation for the calendar year ending with or within the org		ensation	
	(A) Name and business address	(B) Description of services	Compe	C) nsation
MCLE	MCLEOD WATKINSON & MILLER MANAGEMENT & LEGAL RETAINER			

Solvies verification of the organization in th		5 NO
Section B. Independent Contractors		_
1 Complete this table for your five highest compensated independent contractors that received from the organization Report compensation for the calendar year ending with or within the o		ensation
(A) Name and business address	(B) Description of services	(C) Compensation
MCLEOD WATKINSON & MILLER	MANAGEMENT & LEGAL RETAINER	145,428
1 MASSACHUSETTS AVE WASHINGTON, DC 20001		
1		

WA	SHINGTON, DC 20001		
	Total number of independent contractors (including but not limited to those listed above) who reompensation from the organization $\blacktriangleright$ 1	eceived more than \$100,000 of	

Form **990** (2016)

orr	m 990 (2016)				Page <b>10</b>
	Int IX Statement of Functional Expenses tion 501(c)(3) and 501(c)(4) organizations must complete all co	olumns All other orga	anızatıons must com	plete column (A)	
	Check if Schedule O contains a response or note to any	line in this Part IX			<u> </u>
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraisingexpenses
1	Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21				
2	Grants and other assistance to domestic individuals. See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, line 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	18,171			
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$ ) and persons described in section $4958(c)(3)(B)$				
7	Other salaries and wages	140,531			
8	Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	785			
9	Other employee benefits				
10	Payroll taxes	15,994			
11	Fees for services (non-employees)				
•	a Management	167,745			
ı	b Legal	3,888			
•	c Accounting	18,413			
•	d Lobbying				
•	e Professional fundraising services See Part IV, line 17				
	f Investment management fees				
(	g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)				
12	Advertising and promotion	2,291			
13	Office expenses	7,659			
	Information technology				
15	Royalties				
16	Occupancy	25,585			
17	Travel	8,875			
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	44,303			
20	Interest	15,833			
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	3,831			
23	Insurance	7,331			
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
	a PRINTING AND PUBLICATIO	104,911			
	b COMMITTEE EXPENSES	88,047			
	c OTHER EXPENSES	67,135			
	d PENNSYLVANIA FRESH GRAN	58,678			
	e All other expenses	37,820			
25	Total functional expenses. Add lines 1 through 24e	837,826			
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				
	Check here ► ☐ If following SOP 98-2 (ASC 958-720)				

Forn	1 990	(2016)				Page <b>11</b>
Pa	rt X	Balance Sheet				
		Check if Schedule O contains a response or not	e to any line in this Part IX			🗆
				(A) Beginning of year		(B) End of year
	1	Cash-non-interest-bearing			1	
	2	Savings and temporary cash investments	[	296,128	2	364,527
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net	26,035	4	26,947	
	5	Loans and other receivables from current and for trustees, key employees, and highest compensa II of Schedule L	ted employees Complete Part		5	
s	6	Loans and other receivables from other disqualit section 4958(f)(1)), persons described in section contributing employers and sponsoring organizations voluntary employees' beneficiary organizations Part II of Schedule L	n 4958(c)(3)(B), and tions of section 501(c)(9)		6	
Assets	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use		8,191	8	8,191
	9	Prepaid expenses and deferred charges			9	
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 811,381			
	ь	Less accumulated depreciation	<b>10b</b> 15,507	15,986	<b>10</b> c	795,874
	11	Investments—publicly traded securities .		1,397,131	11	1,232,460
	12	Investments—other securities See Part IV, line	11		12	
	13	Investments—program-related See Part IV, line	11		13	
	14	Intangible assets	[		14	0
	15	Other assets See Part IV, line 11		0	15	1,538
	16	Total assets.Add lines 1 through 15 (must equ	al line 34)	1,743,471	16	2,429,537
	17	Accounts payable and accrued expenses		20,938	17	7,459
	18	Grants payable			18	
	19	Deferred revenue		38,034	19	40,867
	20	Tax-exempt bond liabilities	[		20	
Š	21	Escrow or custodial account liability Complete P	art IV of Schedule D		21	
Liabilities	22	Loans and other payables to current and former key employees, highest compensated employee				
ap		persons Complete Part II of Schedule L			22	
	23	Secured mortgages and notes payable to unrela	ted third parties		23	594,326
	24	Unsecured notes and loans payable to unrelated	third parties		24	
	25	Other liabilities (including federal income tax, pa and other liabilities not included on lines 17-24) Complete Part X of Schedule D		3,657	25	1,265
	26	Total liabilities. Add lines 17 through 25		62,629	26	643,917

1,563,611

1,680,842

1,743,471

117,231

28

29

30

31

32

33

34

1,648,668

136,952

1,785,620

2,429,537

Form **990** (2016)

Organizations that follow SFAS 117 (ASC 958), check here ightharpoonup and

complete lines 27 through 29, and lines 33 and 34.

Organizations that do not follow SFAS 117 (ASC 958), check here ▶ □ and complete lines 30 through 34. Capital stock or trust principal, or current funds . . . .

Paid-in or capital surplus, or land, building or equipment fund .

Retained earnings, endowment, accumulated income, or other funds

Unrestricted net assets

Temporarily restricted net assets

Permanently restricted net assets

Total net assets or fund balances

Total liabilities and net assets/fund balances

Net Assets or Fund Balances

27

28

29

30

31

32

33

34

Form	990 (2016)				Page <b>12</b>
Part	t XI Reconcilliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1			921,604
2	Total expenses (must equal Part IX, column (A), line 25)	2			837,826
3	Revenue less expenses Subtract line 2 from line 1	3	_		83,778
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		1,	680,842
5	Net unrealized gains (losses) on investments	5			21,000
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10		1,	785,620
Part	t XII Financial Statements and Reporting		-		
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed separate basis, consolidated basis, or both	on a			
	☑ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate consolidated basis, or both	basis,			
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				
c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c	Yes	
				,	

За

3Ь

Nο

Form **990** (2016)

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single

**b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

Audit Act and OMB Circular A-133?

### Additional Data

Software ID:

Software Version:

**EIN:** 23-1470888

Name: AMERICAN MUSHROOM INSTITUTE

Form 990 (2016)

Form 990, Part III, Line 4a: PROMOTION OF THE MUSHROOM INDUSTRY AND THE DISSEMINATION OF TECHNICAL INFORMATION THROUGH MEETINGS, PUBLICATIONS AND EDUCATION TO A MEMBERSHIP OF APPROXIMATELY 300 MEMBERS THIS INCLUDES CONDUCTING A CONFERENCE TO SUPPORT THE MUSHROOM INDUSTRY EVERY TWO YEARS

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## Political Campaign and Lobbying Activities

▶Complete if the organization is described below. ▶Attach to Form 990 or Form 990-EZ.

▶Information about Schedule C (Form 990 or 990-EZ) and its instructions is at

www.irs.gov/form990.

For Organizations Exempt From Income Tax Under section 501(c) and section 527

OMB No 1545-0047

DLN: 93493038009768

Open to Public Inspection

Department of the Treasury Internal Revenue Service

EZ)

SCHEDULE C (Form 990 or 990-

If the organization answered "Yes" on Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then • Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C • Section 501(c) (other than section 501(c)(3)) organizations. Complete Parts I-A and C below. Do not complete Part I-B Section 527 organizations Complete Part I-A only If the organization answered "Yes" on Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then • Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)). Complete Part II-B. Do not complete Part II-A. If the organization answered "Yes" on Form 990, Part IV, Line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then • Section 501(c)(4), (5), or (6) organizations Complete Part III Name of the organization **Employer identification number** AMERICAN MUSHROOM INSTITUTE 23-1470888 Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization. Provide a description of the organization's direct and indirect political campaign activities in Part IV Political expenditures Volunteer hours Part I-B Complete if the organization is exempt under section 501(c)(3). Enter the amount of any excise tax incurred by the organization under section 4955 1 2 Enter the amount of any excise tax incurred by organization managers under section 4955 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? □ Yes Was a correction made? If "Yes," describe in Part IV Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3). Enter the amount directly expended by the filing organization for section 527 exempt function activities 1 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities 3 Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b 4 Did the filing organization fileForm 1120-POL for this year? 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV (a) Name (b) Address (c) EIN (d) Amount paid from (e) Amount of political filing organization's contributions received funds If none, enter and promptly and -0directly delivered to a separate political organization If none, enter -0-3 5

Sch	edule C (Form 990 or 990-EZ) 2016					Page <b>2</b>
Pa	art II-A Complete if the organization is section 501(h)).	exempt under sect	ion 501(c)(3)	and filed For	m 5768 (electi	on under
A	Check If the filing organization belongs to an expenses, and share of excess lobbyin	2	t in Part IV each a	ffiliated group n	nember's name, ac	ddress, EIN,
В	Check ▶ ☐ if the filing organization checked box.	A and "limited control" p	provisions apply			
		ing Expenditures	,		(a) Filing organization's totals	(b) Affiliated group totals
1a	Total lobbying expenditures to influence public opini	on (grass roots lobbying	1)	_		
Ь	Total lobbying expenditures to influence a legislative		•			
С	Total lobbying expenditures (add lines 1a and 1b)					
d	Other exempt purpose expenditures					
е	Total exempt purpose expenditures (add lines 1c an	nd 1d)				
	Lobbying nontaxable amount Enter the amount from columns	·	both			
	If the amount on line 1e, column (a) or (b) is:	The lobbying nontax	able amount is:			
	Not over \$500,000	20% of the amount on line	e 1e			
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the	excess over \$500,00	0		
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the	excess over \$1,000,0	000		
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the 6	excess over \$1,500,00	00		
	Over \$17,000,000	\$1,000,000				
i	Subtract line 1g from line 1a If zero or less, enter - Subtract line 1f from line 1c If zero or less, enter - C If there is an amount other than zero on either line section 4911 tax for this year?	0-	anızatıon file Form	4720 reporting		Yes No
	4-Year Av (Some organizations that made a columns below. See t		ction do not ha	ve to compl		ve
	Lobbying Exp	enditures During 4	-Year Averagir	ng Period		
	Calendar year (or fiscal year beginning in)	(a) 2013	<b>(b)</b> 2014	(c) 2015	(d) 2016	(e) Total
<u>2a</u>	Lobbying nontaxable amount					
ь	Lobbying ceiling amount (150% of line 2a, column(e))					
С	Total lobbying expenditures					
d	Grassroots nontaxable amount					
е	Grassroots ceiling amount (150% of line 2d, column (e))					
f	Grassroots lobbying expenditures				le C (Form 990 o	

Schedule C (Form 990 or 990-EZ) 2016

Part II-B

activity

1

1

2

Total

Part IV

C 3

(b)

Amount

(a)

Yes

No

а	Volunteers?							
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?							
С	Media advertisements?							
d	Mailings to members, legislators, or the public?							
e	Publications, or published or broadcast statements?							
f	Grants to other organizations for lobbying purposes?							
g	Direct contact with legislators, their staffs, government officials, or a legislative body?							
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?							
i	Other activities?							
j	Total Add lines 1c through 1i							
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?							
b	If "Yes," enter the amount of any tax incurred under section 4912							
С	If "Yes," enter the amount of any tax incurred by organization managers under section 4912							
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?							
Par	art III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)							

Complete if the organization is exempt under section 501(c)(3) and has NOT filed

During the year, did the filing organization attempt to influence foreign, national, state or local legislation,

including any attempt to influence public opinion on a legislative matter or referendum, through the use of

#### Did the organization agree to carry over lobbying and political expenditures from the prior year? Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6)Part III-B and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."

(6).

expenditure next year?

Return Reference

Provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list), Part II-A, lines 1 and 2 (see

Explanation

2

1

No No

No

No

298,468

89,540

89,540

89,540

Yes

Dues, assessments and similar amounts from members 1 2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). Current vear

2a

3

4 5

Schedule C (Form 990 or 990EZ) 2016

1

the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political

2b 2c

Supplemental Information

If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does

Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues

Taxable amount of lobbying and political expenditures (see instructions)

instructions), and Part II-B, line 1 Also, complete this part for any additional information

Carryover from last year

Were substantially all (90% or more) dues received nondeductible by members?

Did the organization make only in-house lobbying expenditures of \$2,000 or less?

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(Form 990)

1

3

6

DLN: 93493038009768

OMB No 1545-0047

## Supplemental Financial Statements

► Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990.

Open to Public

Department of the Treasury Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990. Inspection Internal Revenue Service Name of the organization Employer identification number AMERICAN MUSHROOM INSTITUTE 23-1470888 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b)Funds and other accounts Total number at end of year 2 Aggregate value of contributions to (during 3 Aggregate value of grants from (during year) Aggregate value at end of year 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☐ No Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area Protection of natural habitat Preservation of a certified historic structure ☐ Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Year Total number of conservation easements 2a Total acreage restricted by conservation easements 2b Number of conservation easements on a certified historic structure included in (a) 2c C Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year > Number of states where property subject to conservation easement is located ▶ 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(1)and section 170(h)(4)(B)(II)? ☐ Yes In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the 2 following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

Revenue included on Form 990, Part VIII, line 1

Assets included in Form 990, Part X

Par	t III	Organizations M	aintaining Col	lections o	f Art, His	toric	al Tr	easu	res, or	Other	Similar /	Assets (	continued)	)
3	Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)							1						
а		Public exhibition				d		Loan	or excha	ange prog	grams			
b		Scholarly research				e		Other	-					
С		Preservation for future	e generations											
4	Provide Part	de a description of the	organization's col	lections and	explain ho	w they	furth	er the	organiz	ation's e	xempt pur	oose in		
5	Durin	g the year, did the org s to be sold to raise fui									nılar	□ <b>Y</b> €		No
Pa	rt IV	Escrow and Cust Complete if the or	todial Arrange ganization ansv	ments. vered "Yes"	on Form	990,	Part	IV, lır	ne 9, o	r reporte	ed an amo		. <del>.</del>	
1a		X, line 21. corganization an agent ded on Form 990, Part		an or other i	nterme <b>d</b> iar	y for c	ontrib	utions	s or othe	er assets	not	□ <b>Y</b> €	es 🗆	No
ь	If "Y∈	es," explain the arrange	ement in Part XIII	and comple	te the follo	wing ta	able		[			Amount		
С	Begin	ning balance				-				1c				
d	Addıt	ions during the year								1d				
е	Dıstrı	butions during the year	r							1e				
f	Endin	g balance								1f				
<b>2</b> a	Did th	ne organization include	an amount on Fo	rm 990, Parl	t X, line 21	, for es	scrow	or cus	stodial a	ccount li	ability?	□ Ye	es 🗆	No
b	If "Ye	s," explain the arrange	ement in Part XIII	Check here	ıf the expl	lanatio	n has	been	provided	d ın Part	XIII		_	
Pā	rt V	Endowment Fun	<b>ds.</b> Complete ıf	the organi	zation an	sw <b>ere</b>	d "Ye	es" on	Form	990, Pa	rt IV, line	10.		
	_			(a)Current	year	(b)Prid	or year		(c)Two ye	ears back	(d)Three y	ears back	(e)Four ye	ars back
	-	ing of year balance						_						
		outions						_						
		restment earnings, gair						_						
		or scholarships												
е		expenditures for facilitions of the second s	es											
f	Admını	strative expenses .												
g	End of	year balance										_		
2	Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as													
а	Board	d designated or quasi-e	endowment 🟲											
b	Perm	anent endowment 🕨												
С	Temp	orarily restricted endo	wment <b>&gt;</b>											
		ercentages on lines 2a		•										
3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by							Yes	No						
	(i) ur	nrelated organizations										3	a(i)	1
b		elated organizations .es" on 3a(ii), are the re				 Sched	 ule P7					_	a(ii) 3b	
4		ibe in Part XIII the inte	_		•							• _	<u> </u>	
	rt VI	Land, Buildings,												_
		Complete if the or			on Form	99 <b>0,</b> F	Part I	V, lın	e 11a.	See For	m 990, Pa	art X, lın	e 10.	
	Descri	ption of property	(a) Cost or oth (investme		(b)Cost or	other ba	asıs (ol	ther)	(c)Accı	umulated o	depreciation		(d)Book val	ue
1a	Land						34	7,723						347,723
b	Buildin	gs					44	1,300			6,532	2		434,768
С	Leaseh	old improvements												
d	Equipn	nent					1	5 <b>,0</b> 57			5,233	3		9,824
e	Other							7,301			3,742	2		3,559
Tota	Add	lines 1a through 1e (Co	olumn (d) must e	aual Form 0	On Part Y	colum	n (R)	line 1	10(c) )		_	1		705 974

	See Form 990, Part X, line 12.		swered 'Yes' on F	
	(a) Description of security or category (including name of security)	(b)Boo value		(c)Method of valuation or end-of-year market value
	derivatives			,
	reid equity interests			
A)				
В)				
C)				
D)				
E)				
F)				
<b>G</b> )				
H)				
otal. (Columi Part VIII	n (b) must equal Form 990, Part X, col (B) line 12)  Investments—Program Related. Complete if the oi	ganization a	nswered 'Yes' on	Form 990, Part IV, line 11c.
	See Form 990, Part X, line 13.	(b) Book valu		
	(a) Description of investment	(b) book valu		c) Method of valuation or end-of-year market value
(1)				
2)				
3)				
(4)				
5)				
6)				
7)				
(8)				
(9)				
Part IX	n (b) must equal Form 990, Part X, col (B) line 13 )  Other Assets. Complete if the organization answered 'Yes'	on Form 990, 1	 Part IV, line 11d Se	ee Form 990, Part X, line 15
1)	(a) Description			(b) Book value
2)				
3)				
4)				
5)				
<u> </u>				
7)				
8)				
9)				
	mn (b) must equal Form 990, Part X, col (B) line 15 )			
Part X				
	(a) Description of liability	(b)	Book value	
1) Federal II	ncome taxes			
AYROLL LIA	ABILITIES		1,265	
2)				
3)				
4)				
5)				
<ul><li>4)</li><li>5)</li><li>6)</li><li>7)</li></ul>				
5)				
5) 6) 7) 8)				
5) 6) 7) 8) 9)	n (b) must equal Form 990, Part X, col (B) line 25 )	<b>•</b>	1,265	

1

2

b

c

d

e

3

4

5

1

2

b

3

4

b

b

Part XII

Schedule D (Form 990) 2016

2e

3

3

Page 4

XII	Reconciliation of Ex
	Complete ii
Total expenses	and losses per audited financ

Other (Describe in Part XIII ) . . . . . .

Donated services and use of facilities . . .

Other (Describe in Part XIII ) . . . . .

Subtract line 2e from line 1 . . . .

Add lines <b>4a</b> and <b>4b</b>
Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12
Reconciliation of Expenses per Audited Finance Complete if the organization answered
Total expenses and losses per audited financial statements
Amounts included on line 1 but not on Form 990, Part IX, line 25
Donated services and use of facilities
Prior year adjustments
Other losses
Other (Describe in Part XIII )
Add lines 2a through 2d

Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

2a

2b

2c

2d

4a 4b

2a

2b

2c 2d

4b

4c cial Statements With Expenses per Return. 'Yes' on Form 990, Part IV, line 12a. 2e 4c nformation

Schedule D (Form 990) 2015

	ines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any additional inf
Return Reference	Explanation
See Additional Data Table	

Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b.

Add lines 4a and 4b . .

Subtract line 2e from line 1 . . . . . . . .

Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b . . .

Total revenue, gains, and other support per audited financial statements . . . . . . .

Amounts included on line 1 but not on Form 990, Part VIII, line 12 Net unrealized gains (losses) on investments . . . .

Amounts included on Form 990, Part VIII, line 12, but not on line 1 Investment expenses not included on Form 990, Part VIII, line 7b .

Page <b>5</b>	Schedule D (Form 990) 2015		
	ormation (continued)	Part XIII Supplemental Info	
	Explanation	Return Reference	

Schedule D (Form 990) 2016

### **Additional Data**

Software ID: Software Version:

**EIN:** 23-1470888

Name: AMERICAN MUSHROOM INSTITUTE

Explanation

Supplemental Information

Return Reference

	'
PART X, LINE 2	ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES - AMI ACCOUNTS FOR THE EFFECT OF ANY UNCERTAIN TAX POSITIONS BASED ON A "MORE LIKELY THAN NOT" THRESHOLD TO THE RECOGNITION OF THE TAX PO SITIONS BEING SUSTAINED BASED ON THE TECHNICAL MERITS OF THE POSITION UNDER SCRUTINY BY THE APPLICABLE TAXING AUTHORITY IF A TAX POSITION OR POSITIONS ARE DEEMED TO RESULT IN UNCE RTAINTIES OF THOSE POSITIONS, THE UNRECOGNIZED TAX BENEFIT IS ESTIMATED BASED ON A "CUMULA TIVE PROBABILITY ASSESSMENT" THAT AGGREGATES THE ESTIMATED TAX LIABILITY FOR UNCERTAIN TAX POSITIONS INTEREST AND PENALTIES, IF ANY, ARE ACCRUED AS A COMPONENT OF GENERAL AND ADMI NISTRATIVE EXPENSES WHEN ASSESSED AMI HAS IDENTIFIED ITS TAX STATUS AS A TAX EXEMPT ENTIT Y UNDER SECTION 501(C)(5) AND ITS REPORTING OF UNRELATED BUSINESS INCOME AS TAX POSITIONS, HOWEVER, AMI HAS DETERMINED THAT SUCH TAX POSITIONS DO NOT RESULT IN AN UNCERTAINTY REQUI RING RECOGNITION AMI FILES UNRELATED BUSINESS INCOME TAX RETURNS IN THE UNITED STATES AM I IS NOT UNDER AUDIT IN ANY JURISDICTION FOR ANY PERIOD UNRELATED BUSINESS INCOME TAX RETURNS FOR YEARS ENDED PRIOR TO MAY 31, 2013 ARE NO LONGER SUBJECT TO EXAMINATION BY TAXING AUTHORITIES

efile GRAPH	IC print	- DO NOT PROCESS   As Filed Data -	DL	N: 93493038009768	
CCHEDIII	ΕΛ	900 or 990 E7	OMB No 1545-0047		
SCHEDULE O (Form 990 or 990- EZ) Department of the Treasury		Supplemental Information to Form 990 or 990-EZ  Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.  Attach to Form 990 or 990-EZ.  Information about Schedule O (Form 990 or 990-EZ) and its instructions is at  www.irs.gov/form990.		2016 Open to Public Inspection	
Name of the organization AMERICAN MUSHROOM INSTITUTE			<b>Employer ide</b> 23-1470888	Employer identification number	
990 Schedule	e O, Sup	plemental Information  Explanation			
Reference					
FORM 990, PART VI, SECTION A, LINE 6	THE ORG	GANIZATION IS MEMBER BASED			

990 Schedule O, Supplemental Information Return Explanation Reference FORM 990. MEMBERS ELECT THE GOVERNING BODY PART VI, SECTION A.

LINE 7A

Return Reference

FORM 990. COMMITTEES DO NOT HAVE AUTHORITY TO ACT ON BEHALF OF THE GOVERNING BODY

990 Schedule O, Supplemental Information

LINE 8B

FORM 990, COMMITTEES DO NOT HAVE AUTHORITY TO ACT ON BEHALF OF THE GOVERNING BODY PART VI, SECTION A.

Return
Reference

FORM 990. A COPY OF 990 IS PROVIDED TO THE BOARD PRIOR TO FILING

990 Schedule O, Supplemental Information

LINE 11B

FORM 990, A COPY OF 990 IS PROVIDED TO THE BOARD PRIOR TO FILING
PART VI,
SECTION B.

Return Explanation Reference DOCUMENTS WILL BE PROVIDED UPON WRITTEN REQUEST

FORM 990, DOCUMENTS WILL BE PROVIDED UPON WRITTEN REQUEST
PART VI,
SECTION C.

990 Schedule O, Supplemental Information

LINE 19